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Health Services

LOS ANGELES COUNTY

July 1, 2016

Los Angeles County
Board of Supervisors

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First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*
Director

SUBJECT: **DEPARTMENT OF HEALTH SERVICES' (DHS)
RECRUITMENT AND TRAINING PLANS FOR THE
ENTERPRISE HEALTH INFORMATION
MANAGEMENT (EHIM) DIVISION**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Chief Operations Officer

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On April 26, 2016, the Board approved the Temporary Health Information Management Personnel Services (THIMPS) Agreement and instructed the Director of Health Services to report back quarterly on progress being made to reduce the use of THIMPS registries. In addition, DHS was instructed to fill the vacant Enterprise Health Information Management Division items; reduce coding backlogs at DHS facilities throughout the County of Los Angeles; describe how training will be achieved and whether any permanent positions will be filled using the Workforce Investment Board or Veterans training programs; and to include all of the DHS facilities. This is to update the Board on the progress that has been made to date.

Background

The Department is working to increase the number of EHIM coding staff through external recruitment and internal education and training of existing non-coder County staff who do not have coding qualifications, but wish to develop a career in coding. This will reduce DHS' reliance on THIMPS agreements.

Under the THIMPS agreements, DHS is using contracted coding staff to supplement the current shortfall in qualified County staff to maintain current with patient care services coding under the new and more labor intensive ICD-10 schema that went into effect nationally on October 1, 2015.

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patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
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Recruitment and Training

The DHS EHIM Division is working with the DHS Human Resources Division (DHS HR) to post job opening bulletins to recruit qualified coding staff. EHIM is also partnering with DHS HR to review applications for coding positions. In order to attract coders to DHS, EHIM worked with SEIU 721 and County CEO on a salary increase proposal, which was approved during the last bargaining session. The approved salary increase will make vacant budgeted coder positions at DHS more competitive for applicants in the challenging coder marketplace under ICD-10. The coding positions are open to all qualified applicants, including veterans. DHS HR applies the appropriate credit to veteran applications during the application process.

The DHS EHIM Division provided electronic ICD-10 coding training in 2014 and 2015. It also partnered with SEIU 721 to provide ICD-10 classroom training in 2015. More recently, the DHS EHIM Division was able to secure funding from the \$1 Million Fund and will implement additional training beginning the 2nd quarter of Fiscal Year 2016-2017. Moreover, the DHS EHIM Division and SEIU 721 have reached out to Workforce Investment Board to explore how workforce development could provide the specific training required by the DHS coding staff. Additional coding training has been developed by EHIM and will be implemented based on the attached schedule.

In addition, EHIM has developed an output dashboard to track each coder's output to determine the level of success DHS will have without contract coders. EHIM will continue to work with HR Employee Relations to establish a DHS coding output standard in which all coders can achieve.

Attached is the work that has been accomplished to meet the following goals:

1. Augment training to existing County workforce to join the coding teams and provide continuing education training to coders already on coding teams;
2. Hire additional County coding staff; and
3. Reduce reliance on contracted coding workforce (i.e. THIMPS agreements).

Next Steps

DHS will continue to work with SEIU 721 and update the Board on the progress being made. If you have any questions or require additional information, please contact me at (213) 240-8101 or Dr. Anish Mahajan, Director of System Planning and Data Analytics, at (213) 240-8416.

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

**Los Angeles County Department of Health Services
Enterprise Health Information Management**

Coder Training Plan

Training Name	Date of Implementation	Training Description
Inpatient Coder Training	6/18/16 (DHS-wide)	EHIM will use electronic training software to provide consistent training scenarios for DHS Inpatient coders. EHIM will use hypothetical patient care scenarios and DHS-specific patient care scenarios using DHS case documentation.
Evaluation and Management (E&M) Coding Training	Begin 7/5/16 at Harbor-UCLA and will be rolled out to the other Hospitals and Ambulatory Care Network sites	Training on how to apply Evaluation and Management CPT codes based on the Centers for Medicare & Medicaid Services (CMS) 1997 guidelines. E&M codes identify the type of physician professional services provided to a patient during an encounter.
ICD-10 CM: External Cause Codes Training	7/11/16 (DHS-wide)	Training on how to apply multiple applicable External Cause Codes on encounters involving accidents and/or injuries. External Cause Codes provide information on the how/why/where regarding the patient's injuries.
Coder Training to transition DHS staff who are on EHIM coding items, but are not currently coding.	7/25/16 (Pilot Group)	6-8 weeks of training designed to provide basic coding training (ICD-10 CM, CPT, and E&M codes) to non-coding staff on coding items. The goal is to prepare staff to be added to our coding outpatient team at facilities that are most in need of additional coding staff.
Use of DHS-wide Coding Aids	8/1/16 (DHS-wide)	Coding Aids will be provided to DHS Inpatient and Outpatient coders to address common coding, process and system issues encountered while coding medical records (missing documentation, improper discharge disposition, incorrect admission, and discharge dates, etc.). The Coding Aids will provide consistent training, ensure consistency with processes, and reduce "non-coding" time spent on research, which will allow coders to focus on coding.

Coder Hiring Plan

Prior to the transition to ORCHID, the Affinity electronic health record at DHS consisted of six separate systems, requiring coding staff to be located physically at each location to code the medical record. Now that DHS has transitioned to ORCHID, which is a single system for all DHS facilities, EHIM coding staff can code medical record encounters that occur at any facility, regardless of their physical work location. DHS facilities that have relative shortfalls in coding capacity are now being assisted with the workload by coding staff from the other facilities.

To date, EHIM has submitted 18 Personnel Action Requests (PARs) against the 64 vacant budgeted coder items. There will be 46 remaining items to fill, if all pending PARs are approved.

Facility	PARS Submitted by EHIM as of 6/30/16
El Monte Comprehensive Health Center	0
H.H. Humphrey Comprehensive Health Center	0
Harbor-UCLA Medical Center	4
High Desert Regional Center	1
Hudson Comprehensive Health Center	0
LAC+USC Medical Center	6
Long Beach Comprehensive Health Center	0
Martin Luther King Jr. Outpatient Center	1
Mid-Valley Comprehensive Health Center	1
Olive View-UCLA Medical Center	5
Rancho Los Amigos National Rehabilitation Center	0
Roybal Comprehensive Health Center	0
TOTAL	18

Contract Coding Staff Reduction Plan

Month/Year	Number of Contract Coding FTEs (Only HIM Departments/DHS-wide)	Number of Contract Coding Staff FTEs Reduced (Only HIM Department/DHS-wide)
3rd Quarter 2015-16	71.35	*
4th Quarter 2015-16	*	*

* Data will be available next reporting period.



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October 11, 2016

TO: Supervisor Hilda Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*
Director

SUBJECT: **ENTERPRISE HEALTH INFORMATION
MANAGEMENT (EHIM) DIVISION RECRUITMENT AND
TRAINING QUARTERLY PROGRESS REPORT**

This is the second quarterly report to the Board of Supervisors regarding the Department of Health Services' (DHS or Department) implementation of various training and recruitment initiatives to increase the number of permanent full-time coding staff for the EHIM Division in order to reduce reliance on contract personnel. This document describes the most recent education, training, and recruitment components of the EHIM Division and contains data showing improvement in the number of personnel action requests that have been processed to onboard new health information management coders.

The Department's educational initiatives were offered to improve the skills of existing coding staff as well as to provide other employees with an opportunity to gain the necessary skills to join the coding workforce. This training is designed to reduce the use of contracted health information management coding staff, as directed by the Board, in the most efficient and expeditious manner possible while continuing to meet the needs of the Department.

Under the new Temporary Health Information Management Personnel Services (THIMPS) Coding Contract, the EHIM Division has been using contract coding staff to remain current with revenue time constraints and regulatory coding requirements. While the Department remains committed to reducing the overall reliance on contract staff by increasing the number of permanent full-time coders, as demonstrated by the 18 personnel action requests processed during this reporting period, there was a temporary short-term increase in the number of contract staff. The short-term increase was required in order to meet deadlines associated with the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, it was necessary to staff up rapidly (on a temporary basis) to complete PRIME-related coding without causing a backlog in our current cases.

The PRIME-related coding was completed at the end of September and EHIM is rapidly adjusting the number of contract staff downward, while continuing to increase the number of full-time permanent coders.

Recruitment and Training

The EHIM Division continues to work with the DHS Human Resources (HR) Division to post job bulletins in order to recruit qualified coding staff. EHIM also continues to work with DHS HR to rectify the current class specifications and allow the appropriate certified staff to qualify for Health Information Management (HIM) Coding positions. Completion of this work with HR is essential in order to successfully achieve long-term reductions in the use of contract coders.

An additional measure that has been implemented to accurately forecast coding needs is the development of a productivity dashboard that illustrates coders' inpatient and outpatient output. This valuable tool allows EHIM to assess and project the level of success that DHS will have in meeting coding mandates and to plan accordingly in order to minimize the use of contract coders. Also, EHIM is actively working with HR Employee Relations to establish a DHS coding output standard that is achievable by all coders and will allow the Department to project and plan for future workload demands, with the long-term goal of reducing and ultimately eliminating the use of contract staff.

The attachment to this memo contains information on the accomplishments made thus far to meet the following goals:

1. To substantially reduce reliance on contracted coding personnel; and
2. To hire additional County coding staff in full-time permanent positions; and
3. To augment training to existing County workforce members to join the coding teams and to provide continuing education training to existing County coders.

The Department remains committed to achieving these goals and looks forward to reporting improved data and information about additional measures being implemented to reduce the number of contract staff during the next reporting period.

If you have any questions or require additional information, please let me know.

MHK:GP:rm

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

**Los Angeles County Department of Health Services
Enterprise Health Information Management**

Coder Training Initiatives to Reduce Reliance on Contract Staff

Training Name	Date of Implementation	Training Description
E & M Coding Training	Completed on 9/30/16: LAC+USC, OVMC, RLANRC, LB CHC, HH CHC, El Monte CHC, Roybal CHC, Hudson CHC, and High Desert Regional HC Pending: H-UCLA, MLK OC, and Mid-Valley CHC	Training on how to apply Evaluation and Management (E&M) CPT codes based on the CMS '97 guidelines. E&M codes are used to identify the type of physician professional services provided to a patient during an encounter.
Use of ICD-10 CM: External Cause Codes	Completed on 7/11/16: DHS-wide	Training on how to apply multiple applicable External Cause Codes on encounters involving accidents and/or injuries. External Cause Codes provide information on how, why and where a patient's injuries occurred.
Use of DHS-wide Coding Aids (to assist coders on how to process systematic problems such as missing documentation, improper discharge disposition, incorrect admission and discharge dates, etc.)	Anticipated completion: 10/31/16 (DHS-wide)	Coding Aids will be provided to DHS Inpatient and Outpatient coders to address common coding, process and system issues encountered while coding medical records. The Coding Aids will provide standardized training and ensure consistency with coding processes. The Coding Aids will reduce "non-coding" time spent on research and addressing process/system issues and allow coders to focus on coding.

Training Name	Date of Implementation	Training Description
Coder Training to Transition DHS Staff who are on HIM Coding items, but are not currently coding	Anticipated Completion by: 10/31/16.	6-8 weeks of training designed to provide basic coding training (ICD-10 CM, CPT, and E&M codes) to non-coding staff on coding items. The goal is to prepare staff so that they can be added to our coding outpatient team for facilities that are most in need of additional qualified coding staff.
Inpatient Coder Training	Ongoing implementation – The software is utilized continuously; provided as needed for training.	The use of an electronic training software, will enable EHIM to provide consistent training scenarios for DHS Inpatient coders. EHIM will use hypothetical patient care scenarios and DHS-specific patient care scenarios using specific DHS case documentation.

Substantial Progress in Hiring of Full-time Permanent Coders

Between May and September 2016, EHIM has hired/promoted 18 candidates (see table below).

As of September 30, 2016, there are 46 vacancies. The facilities have submitted additional PARS during the past quarter that are in various stages of the approval process. Additional progress will be reported to the Board in the next quarter.

Facility	Coding Items New Hires/Promotions between May 1, 2016 and September 30, 2016
El Monte Comprehensive Health Center	0
H. Claude Hudson Comprehensive Health Center	0
H.H. Humphrey Comprehensive Health Center	1
Harbor-UCLA Medical Center	1
High Desert Regional Center	2
LAC+USC Medical Center	5
Long Beach Comprehensive Health Center	0
Martin Luther King Jr. Outpatient Center	0
Mid-Valley Comprehensive Health Center	2
Olive View-UCLA Medical Center	6
Rancho Los Amigos National Rehabilitation Center	1
Roybal Comprehensive Health Center	0
Total	18

Contract Coding Staff

Please note that the table below reflects a temporary short-term increase related to coding needs associated with meeting PRIME deadlines. The Department has met those deadlines and is rapidly decreasing contract staff once again, while increasing the number of permanent full-time coders (as reflected in the table above).

Quarter/Fiscal Year	Number of Contract Coding FTEs (Only HIM Departments/DHS-wide)
3rd Quarter 15/16	71.35
4th Quarter 15/16	93.38
1st Quarter 16/17	*

*Data will be available next reporting period



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Kathryn Barger
Fifth District

December 30, 2016

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger
Supervisor Hilda Solis

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **ENTERPRISE HEALTH INFORMATION
MANAGEMENT DIVISION RECRUITMENT AND TRAINING
QUARTERLY PROGRESS REPORT**

Mitchell H. Katz, M.D.
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This is the third quarterly report to the Board of Supervisors regarding the Department of Health Services' (DHS) implementation of various training and recruitment initiatives to increase the number of permanent full-time medical record coding staff for the Enterprise Health Information Management (EHIM) Division in order to reduce reliance on contracted personnel. This document describes the most recent progress made in the various education, training, and recruitment initiatives implemented by the EHIM Division, and contains data showing the continued improvement achieved in the number of Personnel Action Requests (PARs) which have been processed to onboard new medical record coders.

In order to increase the number of permanent full-time health information management staff while reducing reliance on contract personnel, DHS continues to offer training and education to assist our employees in the improvement of their skills to join the medical record coding workforce as well as to advance within the EHIM Division. This training is designed to reduce the use of contracted health information management coding staff, as directed by the Board, in the most efficient and expeditious manner possible while continuing to meet the needs of the Department.

As previously reported, under the Temporary Health Information Management Personnel Services (THIMPS) Coding contract, the EHIM Division has been using contract coding staff to remain current with regulatory coding requirements. It is important to emphasize that the use of contract coding staff is only temporary and that DHS remains fully committed to reducing the overall reliance on contract staff by increasing the number of permanent full-time coders. The Department's strong commitment toward reducing contract coders can be seen in the 25 PARs processed between May and December 2016, resulting in the increased number of permanent full-time employees.

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Recruitment and Training

The EHIM Division continues to work diligently with the Department's Human Resources (HR) Division to create job bulletins in order to recruit qualified coding staff. EHIM also continues to work with DHS-HR to modernize the current class specifications which should result in appropriately certified coding staff to qualify for Health Information Management (HIM) Coding positions. Completion of this work with HR is essential toward achieving long-term reductions in the use of contract coders while DHS continues to adapt to new and evolving medical coding standards and regulatory requirements.

Additionally, in order to achieve the highest quality and efficiency possible in the field of medical record coding, EHIM continues to use the recently developed productivity dashboard that illustrates coders' inpatient and outpatient output. This valuable tool allows EHIM to assess and project the level of success that DHS will have in meeting coding mandates and to plan accordingly in order to minimize the use of contract coders while continuing to train existing EHIM employees, recruit and onboard new medical record coders, and provide a solid career path for DHS employees seeking to advance in the field of health information management.

The attachment to this memo contains information on the accomplishments made thus far to meet the following continuous goals:

1. To substantially reduce reliance on contracted coding personnel; and
2. To hire additional County coding staff in full-time permanent positions; and
3. To augment training to existing County workforce members to join the medical record coding teams and to provide continuing education training to existing County medical record coders for skills and career development.

The Department remains fully committed to achieving these goals and looks forward to reporting continuously improving data and information about the measures being implemented to reduce the number of contract staff during the next reporting period.

If you have any questions or require additional information, please let me know.

MHK:gp/rm/hj

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

**Los Angeles County Department of Health Services
Enterprise Health Information Management**

Coder Training Plan

Training Name	Date of Implementation	Training Description
Evaluation and Management (E & M) Coding Training	Completed: LAC+USC, OVMC, RLANRC, LB CHC, HH CHC, El Monte CHC, Roybal CHC, Hudson CHC, and High Desert Regional HC, MLK OC. Pending: H-UCLA and Mid-Valley CHC.	Training on how to apply E & M CPT codes based on the CMS '97 guidelines. E & M codes are used to identify the type of physician professional services provided to a patient during an encounter.
Use of ICD-10 CM: External Cause Codes	Completed 7/11/16 (DHS-wide)	Training on how to apply multiple applicable External Cause Codes on encounters involving accidents and/or injuries. External Cause Codes provide information on the how/why/where regarding the patient's injuries.
Use of DHS-wide Coding Aids to assist coders on how to process systematic problems such as missing documentation, improper discharge disposition, incorrect admission and discharge dates, etc.	Completed - DHS-wide -	Coding Aids provided to DHS Inpatient and Outpatient coders to address common coding, process and system issues encountered while coding medical records. The Coding Aids provide consistent training and also ensure consistency with coding processes. The Coding Aids reduce "non-coding" time spent on research and addressing process/system issues and allow coders to focus on coding.

Training Name	Date of Implementation	Training Description
Coder Training to transition DHS Staff who are on HIM Coding items, but are not currently coding.	Training started with a class of 6 HIAs (Non Coders). The next class is scheduled to start on 01/17/17.	The training lasts 6-8 weeks and provides basic coding training (ICD-10 CM, CPT, and E&M codes) to non-coding staff on coding items. The goal is to prepare staff to be added to our coding outpatient team for facilities that are most in need of additional coding staff.
Inpatient Coder Seminar	An all-day inpatient coding seminar was presented in partnership with the Local 721 on 10/28/2016, located at the SEIU 721 offices.	The seminar included subjects: Myocardial infarctions, pregnancies, percutaneous transluminal coronary angioplasty, and coronary artery bypass grafts. There were approximately 60 attendees comprised of DHS inpatient coders and supervisors.
Inpatient Coder Training	Implemented on 10/31/16. The software will be used continuously and as needed for training.	EHIM is able to provide consistent training scenarios for DHS Inpatient coders through the use of electronic training software. EHIM uses hypothetical patient care scenarios and DHS-specific patient care scenarios using approved DHS case documentation.

Substantial Progress in Hiring of Full-time Permanent Medical Record Coders

Between May and December 2016, EHIM hired/promoted 25 candidates (table below).

Facility	Coding Items New Hires/Promotions between May 1, 2016 and December 20, 2016
H.H. Humphrey Comprehensive Health Center	3
Harbor-UCLA Medical Center	2
High Desert Regional Center	2
LAC+USC Medical Center	7
Mid-Valley Comprehensive Health Center	2
Olive View-UCLA Medical Center	6
Rancho Los Amigos National Rehabilitation Center	3
Total	25

Contract Coding Staff Reduction Plan

The table below shows a decrease in temporary contract coding staff for the July through September 2016 quarter resulting from the Department's successful initiatives in the areas of employee training; skills and career development; and recruitment of permanent full-time County staff.

Please note that the short-term increase during the fourth quarter of FY 2015-16 was related to coding needs associated with meeting PRIME deadlines.

The Department remains fully committed to continuing to decrease contracted medical record coding staff while increasing the number of permanent full-time coders, as reflected in the table above. Although recruitment of medical record coders is highly competitive in the current field of health information management, DHS will continue to implement innovative and effective education, training and recruitment campaigns to build a strong pool of permanent County employees to perform this important function.

Quarter/Fiscal Year	Number of Contract Coding FTEs (Only HIM Departments/DHS-wide)
3rd Quarter 15/16	71.35
4th Quarter 15/16	93.38
1st Quarter 16/17	89.65
2nd Quarter 16/17	*

*Data will be available next reporting period